

R0-2

RM

MASSACHUSETTS DEPARTMENT OF REVENUE
MONTHLY ROOM OCCUPANCY RETURN
YOU SHOULD FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.

CITY/TOWN NAME:

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN
COVERS THE CORRECT
PERIOD☐ Check here if EFT payment.

FOR MONTH

CITY/TOWN CODE

1. TOTAL RENTS

1.

2. TAXABLE RENTS

2.

a. State

b. Local

3a. STATE TAX DUE
(line 2 x .057)

3a.

3b. LOCAL TAX DUE
(line 2 x .0)

3b.

4. PENALTY

4a.

4b.

5. INTEREST

5a.

5b.

6. SUBTOTAL
(add lines 3 through 5)

6a.

6b.

7. TOTAL AMOUNT DUE
WITH THIS RETURN
(add lines 6a and 6b)

7.

IF ANY
INFOR-
MATION IS
INCORRECT,
SEE
INSTRUC-
TIONS.☐ Check if final return and you wish to close your room tax account.

Return is due with payment on or before the 20th day of the month following the month indicated above. Make check payable to Commonwealth of Massachusetts. Mail to: **Mass. Dept. of Revenue, PO Box 7041, Boston, MA 02204-7041.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature

Title

Date

